PATE	NT APPLIC	ATION F	E DETERM	INATION RE	CORD	Appl	ication	orDockel	Number
	. E	flective C	October 1, 20	003	COND	109	16	970	358
	CLAIM	S AS FIL	ED - PART	1	6144		7.02	1,0	
TOTAL CLA	NIMS .	<u> (Cc</u>	olumn 1)	(Column 2)	TYP	LL ENT	TY		her than All entit
FOR							EE	RA	TE FEE
TOTAL CHARGEABLE CLAIMS			ABER FILED	NUMBER EXTRA	BASI	FEE 38	5.00	OR BASIC	FEE 770.0
INDEPENDENT CLAIMS		us 8	minus 20=	•	xs	9=		OR XS1	8= .
MULTIPLE DEPENDENT CLAIM P		/ /	(minus 3 =		X4.	3=	•	OR X86	
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If the differe	ence in column	1 is less tha	IA Zero, enter '	'0" in column 2	TOT		——————————————————————————————————————		
	CLAIMS A	S AMEN	DED - PART				. ا	ATOT RO	ER THAN
1//	(Columni CLAIMS		(Colum		SMA	LL ENTI	TY C		L ENTITY
Total Independed	REMAININ	G	NUMBE PREVIOU PAID FO	R PRESENT	RAT		IAL	RATE	ADDI- TIONAL
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1	CLAIMS REMAINING		(Column HIGHES NUMBER		h ——	ADD	_		
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ndependent FIRST PRESE the entry in colu- the "Highest Nu- the "Highest Nu-	ENTATION OF MI	ULTIPLE DE	PENDENT CLA	column 3.	+145= TOTAL		OR OR	+290= TOTAL	·